(staple inside file in blue slip area)

| 700 INTERNAL TRANSFER     | REQUEST FOR S.N.              | 09/764,991        | •                   |
|---------------------------|-------------------------------|-------------------|---------------------|
| DATE: 3/22/01             | FROM:                         | (prir             |                     |
|                           | REASON(S):                    |                   | ٠.                  |
| FORWARD TO:               | A. You had Parent             | (check box)       |                     |
| A. Art Unit: 2171         | B. See Title                  | (check box)       |                     |
| B. Class:                 | C. See Abstract               | (check box)       |                     |
| C Subclass: ?             | D. See Claim(s):              | ALC               |                     |
| FURTHER EXPLANATION IF NE | EDED:                         | <b>?</b>          |                     |
| database/Man              | aging files in a              | data Sterage meel | Best /              |
| DATE:                     | FROM:                         | (print            | Available           |
|                           | REASON(S):                    |                   | $\Omega$            |
| FORWARD TO:               | A. You had Parent             | (check box)       | $\overline{\Omega}$ |
| A. Art Unit:              | B. See Title                  | (check box)       | O                   |
| B. Class:                 | C. See Abstract               | (check box)       | 0                   |
| C Subclass:               | D. See Claim(s):              |                   | Copy                |
|                           | FROM:                         | · (print na       |                     |
| DATE:                     |                               |                   |                     |
|                           | REASON(S):  A. You had Parent | (check bas)       |                     |
| FORWARD TO CLASSIFIER     | B. See Title                  | (check box)       |                     |
|                           | C. See Abstract               | (check box)       | ;                   |
|                           |                               |                   |                     |
|                           | D. See Claim(s):              |                   | =                   |
| FURTHER EXPLANATION IF N  | NEEDED:                       |                   | •                   |
|                           | ·                             |                   |                     |
|                           |                               |                   | 100                 |
| DISPOSITION BY 2700 C     | LASSIFICATION                 |                   |                     |
| DATE:                     | CLASSIFIER:                   | *                 |                     |
|                           | REASON(S):                    |                   |                     |
| FORWARD TO:               | A. You had Parent             | (check box)       |                     |
| A. Art Unit:              | B. See Title                  | (check box)       |                     |
| B. Class:                 | C. See Abstract               | (check box)       |                     |
|                           | D. See Claim(s):              |                   |                     |

FURTHER EXPLANATION IF NEEDED: